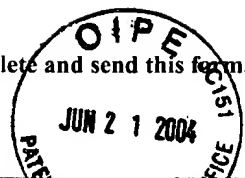


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

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34263 7590 04/02/2004

O'MELVENY & MEYERS
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Denise N. Doss	(Depositor's name)
<i>Denise N. Doss</i>	(Signature)
6-16-04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/972,033	10/04/2001	Eric M. Prophet	26332	2874

TITLE OF INVENTION: ANCHORS FOR MICRO-ELECTRO-MECHANICAL SYSTEMS (MEMS) DEVICES **844004-240**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	07/02/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
DONOVAN, LINCOLN D	2832	335-078000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Superconductor Technologies, Inc. Santa Barbara, CA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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- ☒ A check in the amount of the fee(s) is enclosed. **\$695.000 (Check #617418)**
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **50-2862** (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

David B. Murphy
David B. Murphy, Reg. #31,125

6/16/04**06/23/2004 AADOF02 00000148 09972033****01 FC:2501****02 FC:8001**

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